## PART B - FEE(S) TRANSMITTAL

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indicated unless correcte maintenance fee notifical		ierwise in Block 1, by (a	, , , ,		` ′	0 .	rate "FEE ADDRESS" for
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WINSTON & STRAWN LLP PATENT DEPARTMENT 1700 K STREET, N.W.				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/773,696 TITLE OF INVENTION	02/06/2004 : FIELD EMISSION BA	CKPLATE	Mervyn John Rose		85170	)-5100	7787
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	E FEE TOT	'AL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	<u>, 'l</u>	\$1810	08/18/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS				
MENZ, LAURA MARY		2813	438-020000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of up or agents OR, alterna (2) the name of a sin	ne of a single firm (having as a member a attorney or agent) and the names of up to d patent attorneys or agents. If no name is			
PLEASE NOTE: Unitecordation as set fort (A) NAME OF ASSIGNATION OF	less an assignee is ident h in 37 CFR 3.11. Comp GNEE 7 Court of the Un	iversity of Dunde	data will appear on the T a substitute for filing a (B) RESIDENCE: (CIT e Dundee, Unit	patent. If an assign n assignment. "Y and STATE OR C	COUNTRY)		ocument has been filed for
			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
<del></del>	s SMALL ENTITY state		☐ b. Applicant is no lo	onger claiming SMA	LL ENTITY s	tatus. See 37 CF	FR 1.27(g)(2).
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accepted	d from anyone other than				e assignee or other party in
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